

**PERSONAL CARE HOMES
COMPLAINT REPORTING FORM**

As the licensing and monitoring body for Personal Care Homes (PCHs) in Saskatchewan, the PCH Program of Saskatchewan Health takes your complaint seriously and will investigate. From time to time the investigation may take several months depending on the complexity of the complaint.

Typically the complaint investigation process is as follows:

- the complainant completes this form providing as much detail as possible, and submits the form to the PCH Program,
- a PCH Consultant will review all of the information and conduct an investigation. Contact with other parties may be necessary.
- if the complaint is founded, the PCH Consultant will work with the PCH Licensee to gain compliance with the PCHs legislation.
- the complainant will be notified upon conclusion of the investigation.

Please complete the following:

Name of Personal Care Home Operator: _____
Address of PCH: _____
Name of Resident: _____
Name of Complainant: _____
Address of Complainant: _____
Phone # of Complainant (Bus.): _____ **(Res.):** _____
Relationship to Resident: _____

Use the space below to identify your concerns paying particular attention to details such as individuals involved, date, time, witnesses to the incident and issue(s) (food, environment, care, abuse, etc.). Please use the reverse page if you need more space.

If you have any questions or require assistance to complete this form, please contact the Personal Care Homes Program at (306) 787-1715.

(Please turn page over)

What is your expectation from the investigation of this complaint?

Licensed personal care home operators are required to provide safe and adequate care to the residents in their home. The information you have provided will assist Saskatchewan Health officials in determining if the Licensee is providing safe and adequate care to their residents. While most complaint investigations are used to educate Licensees and staff to ensure they understand the requirements of the legislation, some investigations result in appropriate action being taken against a personal care licence, i.e., amendment, suspension or cancellation of the licence. Please be advised that every effort is being taken to keep your name confidential (if this is your preference), however, during the course of the investigation, your identity may be assumed by or disclosed to the Licensee or their legal counsel in the interest of administrative fairness. By completing and signing this form, you are consenting to the release of your name and the details of your concerns to the Licensee or their legal counsel during the course of the investigation or follow-up enforcement, or any legal proceedings.

Signature of Complainant

Date:

Return to:

Attention: Personal Care Homes Consultant (Complaints)
Personal Care Homes Program
Community Care Branch
Ministry of Health
Main Floor – T.C. Douglas Bldg.
3475 Albert Street
Regina, SK S4S 6X6
Fax: (306) 787-7095
Web Link: <http://www.health.gov.sk.ca/personal-care-homes>